

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/557191

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	1		1			
6						
7			1			
8			1			
9			1			
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23			1			
24	1		1			
25	1		1			
26	1		1			
27	1		2			
28	1		1			
29	1		2			
30	1		2			
31	1		1			
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TOTAL IND.		1	1			
TOTAL DEP.		33	33			
TOTAL CLAMES		35	35			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAMES						

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